

# OFFICE OF THE ASSESSOR

172 West Third Street • San Bernardino, CA 92415-0310  
www.sbcounty.gov/assessor



County of San Bernardino

**DENNIS DRAEGER**  
Assessor-Recorder-County Clerk

## APPOINTMENT OF AGENT

O W N E R	Full Legal Name of Owner			
	Mailing Address		City	State      Zip Code
	Physical Address		City	State      Zip Code
	Contact Person and Title _____ Telephone Number (    )    - _____			
P R O P E R T Y	<input type="checkbox"/> All property listed for this owner in San Bernardino County <input type="checkbox"/> All Real property listed for this owner in San Bernardino County <input type="checkbox"/> All Business and Personal Property listed for this owner in San Bernardino County <input type="checkbox"/> Other: _____ _____			
A G E N T ' S I T Y	<input type="checkbox"/> General power to represent the owner in property tax matters concerning this property. <input type="checkbox"/> The Agent has specific powers listed below: <input type="checkbox"/> Filing of Assessor's forms <input type="checkbox"/> File Assessment Appeal applications and represent owner at appeal hearings <input type="checkbox"/> Receive confidential information <input type="checkbox"/> Negotiate and resolve assessment matters <input type="checkbox"/> Change mailing address of all my property tax notices and other communications for this property, including appraisal notices, appraisal review board orders and hearing notices, tax bills, and collection notices Note: These notices can affect your legal rights. The affected offices are not required by law to send you duplicate copies. <input type="checkbox"/> Other: _____			
A G E N T	Agent's Name			
	Mailing Address		City	State      Zip Code
	Physical Address		City	State      Zip Code
	Contact Person and Title _____ Telephone Number (    )    - _____			

### Authorization

\_\_\_\_\_  
Signature of Owner, a partner, or LLC Manager/Corporation Officer whom  
the Board of Directors has designated in writing to sign on behalf of the  
Corporation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print the Name and Title of the person above.

**This Agent Authorization will expire 1 year from the date signed.**